## APPENDIX 28

## DWIGHT DAVID EISENHOWER ARMY MEDICAL CENTER (EAMC)
## PATIENT ADVISORY COUNCIL (EPAC)

### 1. PURPOSE:

*Provide a vehicle for patient advocacy through the establishment of a partnership for quality care between our patients/families and our healthcare professionals.*

### 2. SCOPE:

This council is not part of the EAMC formal committee structure, but serves as an ex-officio forum for patients to provide inputs to hospital services for the purposes of performance improvement, particularly as it relates to outpatient healthcare delivery through the Patient Centered Medical Home (PCMH).

### 3. DESIRED OUTCOMES:

A. Informed patients who participate in the management of their care.

B. Jointly developed efforts for consumer engagement, which occur both in the practice and in the community.

C. Educated consumers, who understand their roles and responsibilities in a medical home.

D. Culturally relevant and understandable patient education and marketing materials about the medical home concept, and the patient's roles and responsibilities.

E. Educated community health workers, patient advocates, medical interpreters, and community-based organizations who are involved in the medical home concept and help reinforce patient centeredness.

F. Provision of patient education sessions for health literacy to improve patient/provider communication, promote patient empowerment and increase patient activation levels.

*G.* Consumers who participate in and assist in practice redesign and assure patient-centeredness while assisting practice teams to understand the consumer perspectives.

### 4. COMPOSITION:

Patient membership will consist of beneficiaries from each of the Patient Centered Medical Home (PCMH) Practices, and from other ambulatory services,

to ensure a cross section of our customer base. Composition of the Council will include:

A. Director, Clinical Operations (CLINOPS), EAMC (Chairman)

B. One - Licensed Independent Practitioner (LIP) Primary Care

C. One - Licensed Independent Practitioner (LIP) In-patient Services

D. One - Nurse Executive representing Primary Care Services

E. One - Nurse Executive representing Inpatient Services

F. One – Nurse Executive representing Emergency Services

G. Practice Managers, Patient Centered Medical Homes

H. Chief, Clinical Support Division representing the Health Care Administrators

I. Director, Patient Advocate Office

J. Patient beneficiaries (ideally, 2 volunteer patients/family members from each of the PCMHs)

K. Patient and/or family member from current inpatient census roster

**5. MEETINGS:**

Meetings will be held not less than twice annually in Building 300 (EAMC). A quorum is not required because the Council will have no voting authority. Meeting dates will be scheduled a minimum of two months in advance, and the agenda will be made available a minimum of 24 hours in advance of the meeting.

**6. MINUTES:**

Minutes will be prepared by the recorder and the draft will be available for review by the council members prior to approval. Once approved, copies of the minutes will be sent to the Performance Improvement Committee (PIC) for review. The original copy will be filed in the Department of Clinical Operations. A summary statement about the meeting will be provided to EAMC's Public Affairs officer to post on the external website.

**DWIGHT DAVID EISENHOWER ARMY MEDICAL CENTER PATIENT/FAMILY ADVISORY COUNCIL (EPAC)**

## 7. FUNCTIONS:

A. Serve as a body of advisors to the Commander, Patient Centered Medical Home Program Managers, and PIC on issues impacting the quality of the healthcare experience at EAMC.

B. Serve as a sounding board for policy and program development, and changes in health care services or the delivery of services at EAMC.

C. Assign members to smaller "focus groups" as needed to work multiple projects simultaneously where a subset of the council may be more effective than the council as a whole (e.g., a focus group to discuss development of patient education materials for the PCMH).

D. Prepare recommendations to go forward to the PIC.

E. Promote mutually beneficial relationships to enhance communication among patients, families and staff.

## 8. SPECIFIC TASKS:

A. Chief, Clinical Support Division and/or the PCMH Practice Manager will:

(1) Schedule the meeting dates at least 2 months in advance to facilitate attendance by the members.

(2) Develop the agenda, invite guests, and mail the agenda to beneficiaries' homes and email accounts at least 24 hours before the meeting.

(3) Prepare meeting minutes and submit minutes to the Council for approval not less than ten days after the next meeting.

(4) Forward a copy of approved minutes to the PIC to ensure necessary actions are assigned and followed up. Forward a summary statement about the meeting to EAMC's Public Affairs officer to post on the external website.

(5) Recruit/assign beneficiary members in one (1) year increments.

(6) Recruit/assign new members as vacancies on the Council become available.

(7) Ensure continuity for EAMC Staff in case of absence or departure.

B. Council Members:

(1) Monitor the tasks assigned to them or to any focus group within the Council on which they serve, and be prepared to report on their status of their project to the Council.

(2) Maintain confidentiality regarding the practice and policy issues discussed and the thoughts and comments of fellow group members.

(3) Develop recommendations for the Council to forward to the PIC.

## 9. STANDARD AGENDA ITEMS

A. Review of prior minutes and update on items forwarded to the PIC

B. Facility issues (e.g., construction and modifications) and patient inputs

C. Patient services, schedules and scope of care, and patient inputs

D. Marketing tools and initiatives and patient inputs

E. Patient education products and initiatives and patient inputs

F. Other items as required

## 10. REFERENCES:

A. National Council on Quality Assurance (NCQA) standards.

B. The Joint Commission (TJC) Hospital Accreditation standards (as required).

C. Halm, M., Sabo, J., and Rudiger, M. (2006). *The Patient-Family Advisory Council: Keeping a Pulse on Our Customers*. St Paul, MN. Critical Care Nurse, Vol 26, No. 5.

*D.* Angstman, K., Bender, R., Bruce, S. (2009). *Patient Advisory Groups in Practice Improvement – Sample Case Presentation with a Discussion of Best Practices.* Rochester, MN. Ambulatory Care Manager, Vol 32, No.4, pp 328-332.

## 11. Minutes Approving Authority:

Director, Clinical Operations

## 12. Committee Reporting Structure:

**DWIGHT DAVID EISENHOWER ARMY MEDICAL CENTER PATIENT/FAMILY ADVISORY COUNCIL (EPAC)**

None: This is an ex-officio group which submits minutes to the PIC, and to the Deputy Commander for Clinical Services for review.

**13. Supplemental Instructions:**

Original minutes will be kept on file in the Office of the Director, Clinical Operations. A copy of the minutes will be submitted to the PI/QI Coordinator in Quality Management (QM), and to the Adjutant.

**14. DURATION:**

Indefinite

Deputy Commanders Approved, February 2015,
Ref: CLINOPS meeting minutes

APPROVED FINAL 20150415
William A. Thomas, Jr., MD
Director, Clinical Operations